

For an acknowledgment in an individual capacity:

State of _____
[County] of _____

This record was acknowledged before me on _____ by _____
(Date) (Names(s) of Individual(s))

Signature of notarial officer

Stamp
[_____] Title of office
[My commission expires: _____.]

For an acknowledgment in a representative capacity:

State of _____
[County] of _____

This record was acknowledged before me on _____ by _____
(Date) (Names(s) of Individual(s))
_____ of _____
(type of authority, such as officer or trustee) (name of party on behalf of whom record was executed)

Signature of notarial officer

Stamp
[_____] Title of office
[My commission expires: _____.]